	City of <b>Norfolk</b>
•	Norfolk

## **Travel Payment Voucher**

TRANSMIT ONLY ORIGINAL TO FINANCE DEPARTMENT WITH REQUIRED RECEIPTS ATTACHED.

- VENDOR CODE

VENDOR

Trans. Code PV TPV	VOUCHER DATE	Mo.	Day	Yr.		
Acctg. Period ACTION Mo. Yr. E M ORIG. ADJ.	TYPE	FUND	SCH. PMT. DATE	Mo.	Day	Yr.
FUND NAME			OFF. LIA. ACCT.			
TRAVEL ENCUMBRANCE NUMBER	PAID BY C	IECK I	NO.			
INCLUDE NAME OF ALL PERSONS F TRAN	OR WHIC		NSES ARE IN	CURRI	ED IN	THIS
	BUREA	Ų				
Di	EPARTM	ENT				
	<del></del>	ll ll	NCIDENTAL	Т		· · · · · · · · · · · · · · · · · · ·

DATE	DESCRIPTION	TRANSPOR- TATION	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTAL EXPENSES (EXPLAIN)	TOTAL
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:								
							-	
	· .							
	TOTALS							

certify this TRAVEL VOUCHER true and correct	DISTRIBUTION OF CHARGES								
•	DEPT	BUREAU	OBJECT	SUB- OBJ.	BS. Acc't		AMOUNT VOUCHERED	INC/ DEC	P/F
Prepared by(Employee)									
Bureau Head									1
Department Head – Approved for Payment									
Director of Finance			<u> </u>	<u> </u>				<u> </u>	

Receipts must accompany the voucher covering transportation, lodging and incidental expenses. Cost of meals will be reimbursed in accordance with current travel policy. If an employee is required to use his private automobile, he will be reimbursed at the rate per mile stipulated in the current travel policy.